

104TH CONGRESS  
1ST SESSION

# H. CON. RES. 79

Expressing the sense of Congress regarding an appropriate minimum length of stay for routine deliveries.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 27, 1995

Mr. SANDERS (for himself, Mr. DEFAZIO, and Mr. MILLER of California) submitted the following concurrent resolution; which was referred to the Committee on Commerce

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## CONCURRENT RESOLUTION

Expressing the sense of Congress regarding an appropriate minimum length of stay for routine deliveries.

Whereas the Guidelines for Perinatal Care of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend, when no complications are present, a postpartum hospital stay of 48 hours for vaginal delivery and 96 hours for caesarean birth, excluding the day of delivery;

Whereas the American College of Obstetricians and Gynecologists reports that it has become common for insurers to limit length of stay to up to 24 hours following vaginal delivery and up to 72 hours following caesarean delivery, and the American College of Obstetricians and Gynecologists has received reports of insurers proposing limits

of 12 hours, and in some cases 6 hours, for routine deliveries;

Whereas the American Medical Association recently expressed concern about the trend toward increasingly brief perinatal hospital stays as routine practice in the absence of adequate data to demonstrate the practice is safe;

Whereas the American College of Obstetricians and Gynecologists has stated that the trend toward earlier discharge is “equivalent to a large, uncontrolled, uninformed experiment that may potentially affect the health of American women and their babies”;

Whereas a recent study by Dartmouth-Hitchcock Medical Center found that within an infant’s first two weeks of life there is a 50 percent increased risk of readmission and 70 percent increased risk of emergency room visits if the infant is discharged at less than two days of age;

Whereas studies have shown that early release of infants can result in jaundice, feeding problems, respiratory difficulties, and infections of the cord, ears, and eyes;

Whereas the American Medical Association has urged hospitals and insurance companies, in the absence of empirical data, to allow the perinatal discharge of mothers and infants to be determined by the clinical judgment of attending physicians not by economic considerations; and

Whereas the American Medical Association recommends that the decision regarding perinatal discharge should be made based on the criteria of medical stability, delivery of adequate predischarge education, need for neonatal screening, and determination that adequate feeding is occurring and with consideration of the mother’s social and emotional needs and preferences: Now, therefore, be it

1       *Resolved by the House of Representatives (the Senate*  
2 *concurring)*, That it is the sense of Congress that—

3           (1) the Maternal and Child Health Bureau  
4       should promptly collaborate with other concerned  
5       national organizations to encourage well-designed  
6       studies, separating economic concerns from concerns  
7       about the health and well-being of mothers and chil-  
8       dren, to identify safe neonatal practices with regard  
9       to the hospital discharge of mothers and infants and  
10      establish appropriate medical care procedures during  
11      the perinatal period;

12          (2) decisions on how long mothers and  
13      newborns should stay in the hospital after delivery  
14      and before discharge should be made by doctors and  
15      patients together based on the medical and health  
16      care needs of the mother and newborn and not by  
17      hospitals, health insurers, health service organiza-  
18      tions, and health benefit plans based primarily on  
19      economic considerations; and

20          (3) until further empirical data are collected so  
21      as to indicate a need for change in current Guide-  
22      lines, hospitals, health insurers, health services orga-  
23      nizations, and health benefit plans should abide by  
24      the current Guidelines for Perinatal Care of the  
25      American Academy of Pediatrics and the American

1 College of Obstetricians and Gynecologists, that  
2 state that the general time for discharge for mother  
3 and baby should be at least 48 hours following un-  
4 complicated vaginal delivery and at least 96 hours  
5 following uncomplicated caesarian birth and that  
6 permit early discharge if specified criteria are met.

